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ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN. TYPE SMALL ENTITY FEE DUE DATE DUE 018734/0161 514-012,000 D24 UTILITY YES **\$**620. 00 06/12/0 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent POLEY & LARDNER attorneys or agents OR, atternatively, (2) ☐ Change of correspondence address (or Change of Correspondence Address form the name of a single firm (having as a PTO/SB/122) attached. member a registered attorney or agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. 4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks): Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for Issue Fee filing an assignment Advance Order - # of Copies (A) NAME OF ASSIGNEE CENTER FOR MOLECULAR MEDICINE AND (B) RESIDENCE: (CITY & STATE OR COUNTRY) 4b. The following fees or deficiency in these fees should be charged to: Please check the appropriate assignee category indicated below (will not be printed on the patent) 19-0741 DEPOSIT ACCOUNT NUMBER. (ENCLOSE AN EXTRA COPY OF THIS FORM) Issue Fee ☐ individual Scorporation or other private group entity

□ government Advance Order - # of Copies The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signature) (Date) Stephen B. Massids, Reg. No. 35,264 6/12/2001 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and 06/14/2001 ADSNAN2 00000008 09200791 Trademark Office. 01 FC:242 Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary 620.00 DD depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Papenwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.